

**ANIMAL BITE REPORT FORM**

**Incident Data:**

Date of Bite: \_\_\_\_\_ Time of Bite: \_\_\_\_\_ AM Address of  
PM Incident: \_\_\_\_\_  
Reported by: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Date Reported: \_\_\_\_\_ Report Received By: \_\_\_\_\_ Tel#: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**Owner Data:**

☐ Unknown ☐ Wildlife

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Tel #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Tel #: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Zip: \_\_\_\_\_  
Species: DOG CAT OTHER: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: M F Sterilized: Y N Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Name: \_\_\_\_\_  
Color/Markings/Tattoo/Chip: \_\_\_\_\_  
Rabies Current: Y N Rabies Vacc. Date: \_\_\_\_\_ Rabies Exp. Date: \_\_\_\_\_ Rabies Tag: \_\_\_\_\_  
Dog Lic#: \_\_\_\_\_ Year of Lic: \_\_\_\_\_ Tag Color: \_\_\_\_\_ ☐ Verified  
Veterinary Clinic: \_\_\_\_\_ Tel# \_\_\_\_\_

**Person Bitten Data:**

☐ Owner Bitten

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Tel #: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Tel #: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Zip: \_\_\_\_\_  
Part of body bitten: \_\_\_\_\_  
Primary Care Physician Name: \_\_\_\_\_ Tel#: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Treating Physician Name: \_\_\_\_\_ Tel#: \_\_\_\_\_  
Clinic: \_\_\_\_\_

☐ Owner informed of quarantine rules & expecting contact from Waukesha County Humane Officer.  
Please fax or deliver bite reports to our office within 24 hours of receiving report..